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PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:		Attorney Docket No.	1718-0214P
Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		First Named Inventor	HARMBERG, Johan
		Original Patent Number	6,337,324
		Original Patent Issue Date (Month/Day/Year)	January 8, 2002
		Express Mail Label No.	EV 227743719 US
APPLICATION FOR REISSUE OF: <i>(Check applicable</i>		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent
			<input type="checkbox"/> Plant Patent
APPLICATION ELEMENTS (37 CFR 1.173)			
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (<i>amended, if appropriate</i>)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (<i>proposed amendments, if appropriate</i>)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. 1.175) (PTO/SB/51 or 52)</i></p> <p>6. <input checked="" type="checkbox"/> Power of Attorney</p> <p>7. <input checked="" type="checkbox"/> Original U.S. Patent currently <i>(If Yes, check applicable box(es))</i>      <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <i>(PTO/SB/96)</i></p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on:</p> <p>i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p>ii <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>			
ACCOMPANYING APPLICATION PARTS			
<p>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</p> <p>11. <input type="checkbox"/> Original Patent Grant</p> <p><input type="checkbox"/> Ribboned Original Patent Grant</p> <p><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i></p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449      <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>17. Other: <u>Check No. 7000305 (\$842.00)</u></p> <p><u>Express Mail Certificate</u></p> <p><u>Terminal Disclaimer</u></p>			

## 18. CORRESPONDENCE ADDRESS



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Leonard P. Svensson

Registration No. (Attorney/Agent)

30,330

Signature

Date

2 Feb. 2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

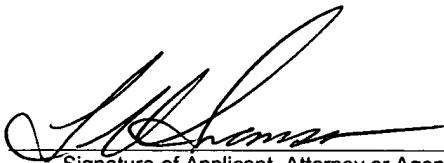
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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>					Docket Number <b>1718-0214P</b>			
<b>Claims as Filed - Part 1</b>								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) Total Claims (37 CFR 1.16(j))	(B) 36	**** =	x \$ 9 =	\$0	or x \$ 18 = x \$ 86 =	\$0		
(C) Independent claims (37 CFR 1.16(l))	(D) 4	* =	x \$ 43 =	\$0		\$0		
				<b>Basic Fee (37 CFR</b>	<b>\$385</b>	<b>\$770</b>		
				<b>Total Filing Fee</b>	<b>\$385</b>	<b>\$770</b>		
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 40	MINUS	** 36	* = 4	x \$ 9 =	\$36	x \$ 18 =	\$72
Independent Claims (37 CFR 1.16(l))	*** 4	MINUS	***** 4	= 0	x \$ 43 =	\$0	x \$ 86 =	\$0
				<b>Total Additional Fee</b>	<b>\$36</b>	<b>OR</b>		<b>\$72</b>
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is _____.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-2448</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>842</u> _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
<p><u>2 Feb. 2004</u></p> <p>Date</p>				 <p>Signature of Applicant, Attorney or Agent of Record</p>				
<p><u>30,330</u></p> <p>Registration Number, if applicable</p>				<p><b>Leonard R. Svensson</b></p> <p>Typed or printed name</p>				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutess to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

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MS PATENT REISSUE  
PATENT  
1718-0214P

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: Johan HARMENBERG et al. Conf.:  
Original Patent No.: 6,337,324 Group:  
Original Patent Issue Date: January 8, 2004 Examiner:  
For: PHARMACEUTICAL COMBINATION

**EXPRESS MAIL CERTIFICATE**

**DATE DEPOSITED:** February 2, 2004

I hereby certify that the enclosed REISSUE APPLICATION AND RELATED DOCUMENTS are being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to MS PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Express Mail Label No.:** EV 227743719 US

Date: February 2, 2004



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